

**Kentucky Newborn Screening Program**

Department for Public Health

Fax: 502-564-1510

**CRITICAL CONGENITAL HEART DISEASE (CCHD) SCREENING  
DATA COLLECTION FORM**

MR#:

**PATIENT NAME:**

SUBMITTING HOSPITAL:

BIRTHING HOSPITAL:

DATE OF BIRTH:

TIME OF BIRTH:

DATE OF SCREENING:

AGE AT SCREENING:

GESTATIONAL AGE AT BIRTH: weeks

MOTHER'S NAME:

**Initial Screening:** *(should be performed when eligible newborn is > 24 hours of age OR morning of discharge)*

Date of Screening:

Time Performed:

☐ Pass☐ Fail☐ N/APulse Ox Saturation of **Right Hand (RH)**: %Pulse Ox Saturation of **Foot** : %Difference in Oxygen Saturation (**RH AND Foot**) : %

Performed By :

**Second Screening (If indicated):**

Perform 1 hour after the initial screening if baby fails initial screening. Follow-up screens &amp; assessments must be performed by a Nurse.

Date of Screening:

Time Performed:

☐ Pass☐ Fail☐ N/APulse Ox Saturation of **Right Hand (RH)**: %Pulse Ox Saturation of **Foot** : %Difference in Oxygen Saturation (**RH AND Foot**): %

Performed By :

**Third Screening (If indicated):**Perform 1 hour after the second screening if baby fails first and second screening. Follow-up screens & assessments *must be performed by a Nurse.*

Date of Screening:

Time Performed:

☐ Pass☐ Fail☐ N/APulse Ox Saturation of **Right Hand (RH)**: %Pulse Ox Saturation of **Foot** : %Difference in Oxygen Saturation (**RH AND Foot**) : %

Performed By :

**FINAL PULSE OX SCREENING RESULTS:**☐ PASS☐ \* FAIL☐ SCREEN N/A

PULSE OX SCREEN NOT PERFORMED DUE TO:

TRANSFERRED TO:

ECHO PERFORMED: ☐ YES ☐ NO

ECHO DATE:

ECHO TIME:

ECHO NOT PERFORMED REASON:

ECHO FINDINGS FOR CCHD: ☐ PASS ☐ FAIL

CARDIOLOGIST FULL NAME:

ECHO RESULT:

**SCREENING AND FOLLOW-UP:** **DO NOT SCREEN INFANTS WHILE ON OXYGEN.****\* IF PULSE OX SCREENING RESULTS OR ECHO FINDINGS "FAIL": PLEASE FAX THIS FORM IMMEDIATELY UPON COMPLETION TO (502) 564-1510.***If you have any questions, please contact the KY Newborn Screening Program at (502) 564-3756 ext 4367.*